

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001258

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 33

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10405

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED FEB 13 1963

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton</u>		Length of stay in 1b <u>1 day</u>	c. CITY OR TOWN <u>Gilman City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WRIGHT MEMORIAL Hospital</u>		Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) <u>NONE</u>
3. NAME OF DECEASED (Type or print) First <u>MARGARET</u> Middle <u>E.</u> Last <u>Gusewelle</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>8</u> Year <u>1963</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>7/19/1871</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>domestic</u>	9. AGE (last birthday) <u>91</u>
11a. FATHER'S NAME <u>JAMES MILNE</u>		11b. MOTHER'S MAIDEN NAME <u>JEAN Mc Donald</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>MRS. VESS WARD</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Venous Thrombosis leg leg</u>		INTERVAL BETWEEN ONSET AND DEATH <u>About 70 day</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last. DUE TO (b) <u>Arterio-sclerosis</u> <u>Indefinite</u>		DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days: ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from <u>Jan 5-1963</u> to <u>Feb. 8-1963</u> and last saw her alive on <u>Feb. 8-1963</u> Death occurred at <u>10:25</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>C. H. Hullers M.D.</u>		22b. ADDRESS <u>Trenton, Mo</u>	22c. DATE SIGNED <u>2-9-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2/10/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gilman City Cemetery AFTAM</u>	23d. LOCATION (City, town, or county) (State) <u>Gilman City, Mo.</u>
24. FUNERAL DIRECTOR <u>J. Gordon Blackmore, Trenton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-9-63</u>	26. REGISTRAR'S SIGNATURE <u>Irene Fair</u>

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Cullers.

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Gordon Blackmon

Licensed Embalmer No. 4602

P. O. Address Trenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.